

Kennebunkport Police Department

101 Main Street
Kennebunkport, ME 04046-2720
(207)967-2454

Application for Employment

Instructions

Disabled Persons: Reasonable accommodation will be provided throughout the employment process for those who request it. No adverse consequences will result from a request for accommodation.

Please read all instructions carefully and complete all questions to the best of your knowledge and ability. You may be required to substantiate any information provided. Falsification of information may result in rejection of your application and, if employed, may result in disciplinary action up to and including termination.

Submit the original application only. Please clearly PRINT the application in BLACK ink. DO NOT TYPE OR USE PENCIL. Answer all questions: if a question does not apply, write "Not Applicable" or "N/A". You may include a resume or other job related documentation as a supplement to this application. However, you should provide information requested on this application. If additional space is needed, please use a blank sheet of paper.

Employment, driver license and other background verifications will be conducted as necessary for this position. You should notify us of any changes to your name, mailing address or telephone number.

Please remember to sign and date your application.

Position Desired	Date of Application
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Personal Data

Last Name	First	Middle
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Have you ever been known or employed under any other name? | YES | NO

If yes, under what name(s)?

Home Address (Street Address)	City	State	Zip
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Mailing Address (If other than street address)	City	State	Zip
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Telephone Number (Area Code)	Alternate Number	Social Security Number
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Are you a US Citizen? | YES | NO

Employment History

Please give complete name, address and telephone number of all employers (including Military) for the past 10 years. Use an additional sheet if necessary. Explain all gaps in employment.

Current or most recent employer: _____

Address: _____

City, State, Zip Code: _____ Phone Number: _____

Type of Business: _____ Job Title: _____

Dates of Employment (Month/Year): From: _____ to: _____

Supervisor's Name: _____ Wage: _____ Per: _____

Description of Duties: _____

Reason for Leaving: (Voluntary resigned, laid off, discharged, relocated, etc.):

Previous employer: _____

Address: _____

City, State, Zip Code: _____ Phone Number: _____

Type of Business: _____ Job Title: _____

Dates of Employment (Month/Year): From: _____ to: _____

Supervisor's Name: _____ Wage: _____ Per: _____

Description of Duties: _____

Reason for Leaving: (Voluntary resigned, laid off, discharged, relocated, etc.):

Have you previously been employed by the Town of Kennebunkport? | | Yes | | No

If Yes, When: _____

Do you have any relatives currently employed by the Town of Kennebunkport? | | Yes | | No

If yes, please list name and relationship: _____

Education and Training

Have you graduated from High School or obtained a general equivalency diploma (G.E.D.)? | | Yes | | No

If no, what is the highest grade completed? 1 2 3 4 5 6 7 8 9 10 11 12

Name of High School or institution

Location (City, State)

Year

Name of College
or University & Address

Dates
From/To

Credit
Hours

Major

Degree

Date

Other Education / Training (Additional training, certifications, licenses, etc.)

Police Applicants Only:

Have you completed the Maine Reserve Officer Program? | | Yes | | No

If yes, Certificate Number, Location and Date: _____

Have you taken the Maine ALERT Test? | | Yes | | No

If yes, where, when and the Test Score (Please attach copy): _____

Are you now or have you ever been a member of any law enforcement agency:

| | Yes | | No

If yes: Agency name and dates employed: _____

Do you speak any foreign languages? | | Yes | | No If so what? _____

Have you ever been convicted of a felony crime? [] Yes [] No

If yes, please give Date of Conviction, Charge, Court & Location: _____

**Have you ever been convicted of the misdemeanor crime of domestic violence under State or Federal Law?
[] Yes [] No**

If yes, please give Date of Conviction, Charge, Court and Location: _____

Have you ever been charged with a domestic violence crime in this or any other state and engaged in any plea-bargaining where the net result was a plea to another charge in order to have the domestic violence charge dropped? [] Yes [] No

If yes, please give Name of the Court, State, Date, Original Charge and Reduced charge pled to: _____

Note: If you have been convicted of a misdemeanor charge of domestic violence in this or any other state, you are prohibited from carrying a firearm.

References

Please provide us with a list of five (5) persons who are not related to you and who have definite knowledge of your qualifications for the position you are applying.

Name: _____ How Known: _____

Mailing Address: _____

Day Telephone Number: _____ Night Telephone Number: _____

Name: _____ How Known: _____

Mailing Address: _____

Day Telephone Number: _____ Night Telephone Number: _____

Name: _____ **How Known:** _____

Mailing Address: _____

Day Telephone Number: _____ **Night Telephone Number:** _____

Name: _____ **How Known:** _____

Mailing Address: _____

Day Telephone Number: _____ **Night Telephone Number:** _____

Name: _____ **How Known:** _____

Mailing Address: _____

Day Telephone Number: _____ **Night Telephone Number:** _____

Additional Information

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? [] Yes [] No

**Can you perform these essential functions with or without reasonable accommodation?
[] Yes [] No**

Are you able to work shift work? [] Yes [] No

If No, please explain: _____

Are you able to work overtime? [] Yes [] No

If No, please explain: _____

Notice to Applicant

Only police applicants need to complete the Driver's License Information. Do not answer any question below if you are an applicant for a dispatcher or civilian position. Police positions require the information to verify the compliance with a bona-fide job qualification. A "Yes" answer to any of the questions checked will not necessarily disqualify you for employment. A decision will be made on a case-by-case basis.

Driver's License Information

Do you have a valid Driver's License? ☐ Yes ☐ No Class: _____

Driver's License Number: _____

List Name Exactly as listed on License: _____

List State of Issue and License Number if out of State: _____

Has your license ever been revoked or suspended or have you ever been denied a license? ☐ Yes ☐ No

If Yes, Please explain: _____

Do you have any pending traffic citations? ☐ Yes ☐ No

If yes, please explain: _____

Have you been convicted or pled nolo contendere (no contest) or admitted to a moving traffic violation within the past three years? ☐ Yes ☐ No

If yes, list date, Location (County & State), Type of Offense and disposition:

I hereby certify that the facts I have provided above are true and complete to the best of my knowledge.

Applicant's Signature: _____

Date: _____

SIGNATURE

(Please read the following carefully and then sign below)

I hereby declare that the information provided by me in this Application for Employment (and in any accompanying resume) is true, correct and complete to the best of my knowledge. I authorize the TOWN OF KENNEBUNKPORT, MAINE (or its designee) to investigate my past and present employment, education and activities and verify all data provided by me on this application, on related papers and in interviews. I authorize all individuals, schools and/or firms named herein (except my current employer, if so noted) to provide any information requested about me. I release from all liability any persons, companies, corporations or educational institutions supplying such information. I release the TOWN OF KENNEBUNKPORT, MAINE (or its designee) from any and all liability resulting from the verification of such information. I understand that any false statement or material omission on this application, or on any supporting documents, shall be grounds for non-hire or discharge, regardless of when discovered by the TOWN OF KENNEBUNKPORT, MAINE.

I understand that this employment application, or the granting of an interview, does not represent a contract of employment or a promise of future benefits by the TOWN OF KENNEBUNKPORT, MAINE, I further understand that there is no guarantee that the TOWN OF KENNEBUNKPORT, MAINE will be able to place me with one of its clients. If I am hired by the TOWN OF KENNEBUNKPORT, MAINE, I understand that my status will be that of an employee-at-will, meaning that I will have no contractual right, express or implied to remain in the TOWN OF KENNEBUNKPORT, MAINE'S employ. I further understand that, if I am hired, my employment can be terminated, with or without cause and with or without notice at any time, at the option of the TOWN OF KENNEBUNKPORT, MAINE or me. Notwithstanding the foregoing, the terms of any collective bargaining agreement will apply to any applicant hired to work in a position subject to a collective bargaining agreement. I also understand that no representative of the TOWN OF KENNEBUNKPORT, MAINE has the authority to enter into any oral agreement for employment for a specified period of time or to make an oral agreement contrary to the foregoing.

I understand that if I am offered employment at the TOWN OF KENNEBUNKPORT, MAINE, I will be required to provide evidence of my identity and authorization for employment in the United States.

I understand that the TOWN OF KENNEBUNKPORT, MAINE may require a physical examination and/or drug and alcohol screening as a condition of employment and at any time during my employment to the extent permitted by law.

I understand that if I am hired by the TOWN OF KENNEBUNKPORT, MAINE and my employment subsequently ends, the TOWN OF KENNEBUNKPORT, MAINE may provide information about my employment to persons in response to job reference requests, and I hereby consent to such disclosures.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND BY ALL OF THE ABOVE TERMS.

Signature of Applicant

Date _____